

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018527

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1351

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

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<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____ c. CITY OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If outside, give location) <u>4562 Laclede Ave.</u>	
Length of stay in 1b <u>D.O.A.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <u>RAYMOND</u> Middle <u>J.</u> Last <u>HASHEIDER</u>			<b>4. DATE OF DEATH</b> Month <u>Apr.</u> Day <u>22</u> Year <u>1963</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>12-26-1913</u>	<b>9. AGE</b> (last birthday) <u>49</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Assembler-Lincoln Mercury Plant</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Okawville, Ill.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Otto W. Hasheider</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Lydia Huelskoetter</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ethel M. Hasheider</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			<b>17. INFORMANT</b> <u>Ethel M. Hasheider</u>			

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Coronary insufficiency</u> DUE TO (c) <u>4/22/63</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>few years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of Item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>			
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	<b>STATE</b>
<b>21. I attended the deceased from</b> <u>1951</u> <b>to</b> <u>1963</u> <b>and last saw him alive on</b> <u>4-12-62</u> <b>Death occurred at</b> <u>10:45 A.</u> <b>m on the date stated above, and to the best of my knowledge, from the causes stated.</b>					
<b>22a. SIGNATURE</b> (Degree or title) <u>Dr. Charles</u>			<b>22b. ADDRESS</b> <u>1105 Central Clayton 5th</u>		<b>22c. DATE SIGNED</b> <u>4-23-63</u>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>		<b>23b. DATE</b> <u>Apr. 25, 1963</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>VALHALLA</u>	
<b>23d. LOCATION</b> (City, town, or county) <u>St. Louis Co., MO.</u>		<b>23e. DATE RECD. BY LOCAL REG.</b> <u>4-23-63</u>		<b>23f. REGISTRAR'S SIGNATURE</b> <u>John B. Murphy</u>	
<b>24. FUNERAL DIRECTOR ADDRESS</b> <u>Kriegshauser 4228 S. Kingshighway Blvd.</u>					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 4002

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110 S. Central  
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0-20

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edwin A. McLeannan

Licensed Embalmer No. 3024

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.